

**APPLICATION FOR REQUESTING A CERTIFIED COPY OF MILITARY
DISCHARGE DOCUMENT**

**PURSUANT TO AB1179, THE FOLLOWING INDIVIDUALS ARE ENTITLED TO RECEIVE A
CERTIFIED COPY OF MILITARY DISCHARGE DOCUMENTS:**

(Govt Code Section 6107)

- ◆ The person who is the subject of the record upon presentation of proper photo identification.
- ◆ A family member or legal representative of the person who is the subject of the record upon presentation of proper photo identification and certification of their relationship to the subject of the record.
- ◆ A county office that provides veteran's benefits services upon written request of that office.
- ◆ A United States official upon written request of the official.

Please Print

Name of Veteran _____
First Middle Last

Year of Discharge or Recording Date Branch of Service Number of Copies Relationship to Veteran

Requestor Name _____
First Middle Last

Mailing Address _____

Phone # _____ Photo ID # _____

Sworn Statement

I _____ swear (or affirm) under penalty of perjury that I am an authorized person, as defined in Government Code Section 6107 and am eligible to receive a certified copy of the Military Discharge record identified on this application form.

Sworn this _____ day of _____, _____ at _____

Signature of Requestor _____

THIS SECTION MUST BE COMPLETED FOR MAIL REQUESTS

Signature of Requestor

Certificate of acknowledgment

State of California)
County of _____)

On _____ before me, (here insert name and title of the officer), personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)